Agency Mission

To provide for the management and supervision of mental health contracted services of the Fairfax-Falls Church Community Services Board (CSB), which include inpatient, emergency, day support, residential, and outpatient/case management programs, serving the mental health needs of residents of Fairfax County and the Cities of Fairfax and Falls Church. These services improve the lives of persons with mental illness by providing crisis stabilization, behavior change, community maintenance, and relapse prevention services as part of an integrated system of care.

	Agency Summary									
	FY 2002	FY 2003 Adopted	FY 2003 Revised	FY 2004 Advertised	FY 2004 Adopted					
Category	Actual	Budget Plan	Budget Plan	Budget Plan	Budget Plan					
Expenditures:										
Personnel Services	\$0	\$0	\$0	\$0	\$0					
Operating Expenses	8,384,019	10,559,033	9,586,698	10,294,478	10,294,478					
Capital Equipment	0	0	0	0	0					
Total Expenditures	\$8,384,019	\$10,559,033	\$9,586,698	\$10,294,478	\$10,294,478					
Revenue:										
Fairfax County	\$4,975,623	\$7,395,442	\$6,162,611	\$6,950,199	\$6,950,199					
Fairfax City	71,856	71,856	71,856	71,856	71,856					
Falls Church City	36,095	36,095	36,095	36,095	36,095					
State MHMRSAS	2,078,253	2,055,843	1,446,858	1,912,387	1,912,387					
Federal Block Grant	89,000	89,000	89,000	0	0					
Medical Option	1,066,963	886,750	1,076,138	1,076,138	1,076,138					
Program/Client Fees	19,689	2,460	2,460	2,460	2,460					
Miscellaneous	46,540	21,587	21,587	21,587	21,587					
Fund Balance	0	0	680,093	223,756	223,756					
Total Revenue	\$8,384,019	\$10,559,033	\$9,586,698	\$10,294,478	\$10,294,478					

Summary by Cost Center									
	EV 2002	FY 2003	FY 2003	FY 2004	FY 2004				
Category	FY 2002 Actual	Adopted Budget Plan	Revised Budget Plan	Advertised Budget Plan	Adopted Budget Plan				
Inpatient Services	\$253,835	\$256,317	\$257,032	\$177,927	\$177,927				
Emergency Services	130,173	151,277	149,450	129,493	129,493				
Day Support Services	2,992,099	3,377,235	3,663,015	3,371,570	3,371,570				
Residential Services	4,965,980	6,070,175	4,906,334	5,994,915	5,994,915				
Outpatient and Case									
Management Services	41,932	704,029	610,867	620,573	620,573				
Total Expenditures	\$8,384,019	\$10,559,033	\$9,586,698	\$10,294,478	\$10,294,478				

Board of Supervisors' Adjustments

The following funding adjustments reflect all changes to the <u>FY 2004 Advertised Budget Plan</u>, as approved by the Board of Supervisors on April 28, 2003:

♦ The Board of Supervisors made no adjustments to the <u>FY 2004 Advertised Budget Plan</u>.

The following funding adjustments reflect all approved changes to the FY 2003 Revised Budget Plan from January 1, 2003 through April 21, 2003. Included are all adjustments made as part of the FY 2003 Third Quarter Review:

A decrease of \$1,652,428 in Operating Expenses is included which reflects a decrease of \$1,266,414 due to various internal funding adjustments and alignments between CSB agencies included to reflect updated expenditure needs for the remainder of FY 2003 and a decrease of \$386,014 in mental health contract services due to FY 2003 State budget reductions announced in October 2002.

County Executive Proposed FY 2004 Advertised Budget Plan

Purpose

To serve the mental health needs of individuals and families by providing supervision, oversight, and management of contracted services, and by ensuring that contracted programs and services are provided as part of a single system of integrated care. Services include:

- Day Support Services including Psychosocial Rehabilitation, Sheltered Employment, Supported Employment, and Transitional Employment.
- Residential Services including an Adult Care Residence, Group Homes, Supervised and Supported Living Arrangements, and Domiciliary Care.
- An emergency shelter for at-risk adolescents.
- Emergency psychological consultations.
- Respite for children and adolescents.
- Inpatient psychiatric services.

Key Accomplishments

- Moved a second psychosocial program to an American with Disabilities Act (ADA) compliant facility which also allowed an increased number of clients to be served.
- Created new contracts for individuals with serious emotional disturbances who need out-of-home placement.
- Added a walk-in overnight psychiatric service component to the Inova Health Systems contract at Inova-Mount Vernon Hospital that provides inpatient services to consumers that are medically indigent and acutely mentally ill, dually diagnosed as mentally ill and substance abusing, or mentally ill/mentally retarded.
- ♦ Expanded the women's shelter which serves victims of domestic violence by 12 beds, for a total of 29 beds. This expansion began at the end of FY 2002 and will be completed in FY 2003.
- Expanded services available to children and families through the Continuing Care program, Focused Care Program, and Infant/Early Childhood/LINCS program. Services began at the end of FY 2002 and became fully operational early in FY 2003.
- Maintained a collaborative relationship with George Washington Medical School to have students in Psychiatric Medicine intern at the Woodburn Facility.

FY 2004 Initiatives

- Establish a crisis care facility to serve children and adolescents with serious mental illness who cannot safely return home and would otherwise be hospitalized. It is estimated that 70 to 80 percent of all children and adolescents who are prescreened for hospitalization in mental health emergency services could be diverted from a hospital by staying in a crisis care facility. Approximately 300 youth will be diverted from less appropriate placements when this facility is fully operational.
- ♦ As part of the Residential Services Program, provide twelve new Shelter Plus Care beds to benefit homeless consumers with serious mental illness. These Shelter Plus Care beds will be funded through the Continuum of Care grant. There are currently 57 beds available through this program. With the addition of 12 beds, there will be a total of 69 beds available in this program in FY 2004.
- Relocate the Psychosocial Rehabilitation Services program from the Engleside facility to an ADA compliant facility in the Sacramento Center which will also allow for an increased number of clients to be served.

It should be noted that State budget reductions were announced in October 2002 and State DMHMRSAS funding to CSB was reduced by 10 percent. Mental Health Contracts anticipates a loss of \$386,014 in State DMHMRSAS revenues in FY 2003 which are primarily offset by the following expenditure reductions in FY 2003: \$233,111 in one-time expenditure savings, \$93,162 in intensive in-home support and respite services; and \$52,914 in supported living contracts. Mental Health Contracts anticipates a loss of \$442,093 in State DMHMRSAS revenues in FY 2004 which are primarily offset by the following expenditure reductions in FY 2004: \$85,505 in acute inpatient psychiatric treatment for indigent persons; \$112,607 in supported living contracts; \$89,997 in psychosocial rehabilitation services; and \$128,000 in intensive in-home support and respite services.

FY 2004 Budget Reductions

As part of the <u>FY 2004 Advertised Budget Plan</u>, in addition to the State reductions noted above, reductions totaling \$46,218 are proposed by the County Executive for this agency. These reductions include:

 Reduction of \$46,218 in contracted regional mental health youth transitional residential services for 45 non-Fairfax County at-risk youth.

Performance Measurement Results

Helping individuals with serious mental illness obtain and maintain employment is an important goal for Mental Health Contract Services. With assistance from one of CSB's main contractors, Psychosocial Rehabilitation Services, 27 percent of psychosocial rehabilitation clients transitioned to supported or competitive employment in FY 2002. It should be noted that Psychosocial Rehabilitation Services provided 202,067 hours of service, surpassing the estimate by over 4,000 hours of service.

Another important goal is to ensure stable living situations for mental health contract clients. In Residential Services, 91 percent of all clients served by contracted residential services have remained in their residential placement for one year or more, which indicates that this service helps ensure stability for these individuals. In addition, in FY 2002, 100 percent of clients receiving Outpatient and Case Management Services were able to remain in their home through the support of contracted services, surpassing the agency estimate of 90 percent.

Funding Adjustments

The following funding adjustments from the FY 2003 Revised Budget Plan are necessary to support the FY 2004 program:

- A decrease of \$456,337 in Operating Expenses reflects a decrease of \$680,093 in Operating Expenses not required in FY 2003 as a result of the FY 2002 carryover of one-time funding partially offset by an increase of \$223,756 to fund a contractual increase for Mental Health Contract Services providers.
- ♦ A decrease of \$488,311 reflects a decrease of \$46,218 due to County budget reductions and a decrease of \$442,093 in State DMHMRSAS funding which is primarily attributable to the following expenditure reductions: \$85,505 in acute inpatient psychiatric treatment for indigent persons; \$112,607 in supported living contracts; \$89,997 in psychosocial rehabilitation services; and \$128,000 in intensive in-home support and respite services.

The following funding adjustments reflect all approved changes in the FY 2003 Revised Budget Plan since passage of the FY 2003 Adopted Budget Plan. Included are all adjustments made as part of the FY 2002 Carryover Review and all other approved changes through December 31, 2002:

As part of the FY 2002 Carryover Review, an increase of \$680,093 was included for encumbered and unencumbered carryover. Of this amount, \$677,713 in unencumbered carryover was included, primarily to support completion of existing treatment plans for those youth served by Fairfax House at its closure in June 2002 and to renovate the Sacramento Center to meet ADA requirements associated with relocating the psychosocial rehabilitation program from the Engleside facility.



Cost Center Summary									
FY 2003 FY 2004 FY 2									
	FY 2002	Adopted	Revised	Advertised	Adopted				
Category	Actual	Budget Plan	Budget Plan	Budget Plan	Budget Plan				
Total Expenditures	\$253,835	\$256,317	\$257,032	\$177,927	\$177,927				

Goal

To provide access to acute inpatient psychiatric care at the Inova Mount Vernon Hospital for CSB clients who are medically indigent. The CSB contracts with the Inova Health System to provide 2 acute inpatient psychiatric beds 24-hour-per-day, seven-days-per-week and overnight emergency coverage.

Performance Measures

Objectives

♦ To utilize at least 80 percent of available bed days for acute inpatient psychiatric care through the CSB contract with the Inova Health System.

		Prior Year Ac	Current Estimate	Future Estimate	
Indicator	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Output:					
Bed days provided	847	760	657 / 784	584	292
Efficiency:					
Cost per bed day (1)	NA	\$316	\$381 / \$324	\$440	\$609
Outcome:					
Utilization of available bed days	NA	69%	90% / 86%	80%	80%

⁽¹⁾ Beginning in FY 2001, indicator reflects net cost to the County.



Emergency Services

Cost Center Summary									
		FY 2003	FY 2003	FY 2004	FY 2004				
	FY 2002	Adopted	Revised	Advertised	Adopted				
Category	Actual	Budget Plan	Budget Plan	Budget Plan	Budget Plan				
Total Expenditures	\$130,173	\$151,277	\$149,450	\$129,493	\$129,493				

Goal

To provide, through a contractual agreement, emergency psychological consultation and assessment services on behalf of the Special Justices of the Fairfax County General District Court, who preside at the involuntary commitment hearings for children, youth, and adults whose behaviors are potentially dangerous to themselves or others or who are unable to care for themselves.

Performance Measures

Objectives

♦ To conduct 98 percent of evaluations within 24 hours after initial contact.

		Prior Year Act	Current Estimate	Future Estimate	
Indicator	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Output:					
Service hours provided	991	1,294	1,294 / 1,295	1,294	1,294
Persons seen	366	467	467 / 464	464	464
Efficiency:					
Annual cost per client (1)	\$128	\$176	\$261 / \$180	\$266	\$223
Outcome:					
Percent of evaluations done within 24 hours of contact	98%	98%	98% / 98%	98%	98%

⁽¹⁾ Beginning in FY 2001, indicator reflects net cost to the County.



Day Support Services

Cost Center Summary									
FY 2003 FY 2004 F									
	FY 2002	Adopted	Revised	Advertised	Adopted				
Category	Actual	Budget Plan	Budget Plan	Budget Plan	Budget Plan				
Total Expenditures	\$2,992,099	\$3,377,235	\$3,663,015	\$3,371,570	\$3,371,570				

Goal

To provide, through a contractual agreement, psychosocial rehabilitation, sheltered employment, supported employment, and transitional employment services in order to improve the functional capacity of adults with serious mental illness.

Performance Measures

Objectives

 To enable 30 percent of psychosocial rehabilitation clients served to transition to supported or competitive employment.

		Prior Year Act	Current Estimate	Future Estimate	
Indicator	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Output:					
Clients served (1)	488	559	559 / 527	525	491
Service hours provided (1)	197,211	197,839	197,839 / 202,067	197,839	184,980
Efficiency:					
Annual cost per client (2)	\$3,836	\$3,553	\$3,895 / \$3,609	\$5,104	\$4,864
Service Quality:					
Length of wait for admission: Priority	1 - 2 weeks	1 - 2 weeks	1 - 2 weeks / 1-2 weeks	1 - 2 weeks	1-2 weeks
Length of wait for admission: Others	6 - 24 months	6 - 24 months	6 - 24 months / 6-24 months	6 - 24 months	6-24 months
Outcome:					
Percent of clients who transition to supported or competitive employment	32%	28%	30% / 27%	30%	30%

⁽¹⁾ The FY 2002 and FY 2003 estimates for "Clients served" and "Service hours provided" reflect the minimum number of clients and service hours for which vendor is contracted.

⁽²⁾ Beginning in FY 2001, indicator reflects net cost to the County.



Residential Services

Cost Center Summary									
FY 2003 FY 2004 FY									
	FY 2002	Adopted	Revised	Advertised	Adopted				
Category	Actual	Budget Plan	Budget Plan	Budget Plan	Budget Plan				
Total Expenditures	\$4,965,980	\$6,070,175	\$4,906,334	\$5,994,915	\$5,994,915				

Goal

To provide supported residential services such as domiciliary care, group homes, supervised apartments, supported living arrangements, and emergency shelter in order to reduce homelessness among persons with serious mental illness.

Performance Measures

Objectives

• To enable 90 percent of all clients served to maintain housing for one year or more.

	Prior Year Actuals			Current Estimate	Future Estimate
Indicator	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Output:					
Cost Center: Residential Contract - Clients served	475	429	428 / 300	429	429
Cost Center: Residential Contract - Service days provided	53,157	48,046	41,794 / 48,135	42,159	42,159
Activity: Supported Living Arrangements - Clients served	162	157	156 / 149	157	157
Activity: Supported Living Arrangements - Service hours provided	6,756	8,738	6,630 / 9,871	6,995	6,995
Efficiency:					
Activity: Supported Living Arrangements - Annual cost per client (1)	\$2,408	\$2,946	\$3,367 / \$3,222	\$2,392	\$2,113
Service Quality:					
Activity: Supported Living Arrangements - Average length of time individual waits before receiving residential services (months)	24	24	24 / 12	24	24
Outcome:					
Activity: Supported Living Arrangements - Percent of clients who are able to maintain stable housing for one year or	0001	902/	000/ / 0.15/	000/	000
more	96%	93%	90% / 91%	90%	90%

⁽¹⁾ Beginning in FY 2001, indicator reflects net cost to the County.



Outpatient and Case Management Services

Cost Center Summary									
		FY 2003	FY 2003	FY 2004	FY 2004				
	FY 2002	Adopted	Revised	Advertised	Adopted				
Category	Actual	Budget Plan	Budget Plan	Budget Plan	Budget Plan				
Total Expenditures	\$41,932	\$704,029	\$610,867	\$620,573	\$620,573				

Goal

To provide treatment services, on a contractual basis, for children who are at risk of being placed outside the home or are returning home from an out-of-home placement in order to allow the children to remain in a familiar environment.

Performance Measures

Objectives

- ◆ To enable 90 percent of all children served in the In-Home Treatment Program to remain in-home during treatment.
- ◆ To enable 80 percent of all clients served in the Outpatient Treatment Program to meet 75 percent of treatment goals at time of discharge.

		Prior Year Act	Current Estimate	Future Estimate	
Indicator	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Output:					
Activity: In-Home Treatment Program - Clients served (1)	13	10	10/5	1	NA
Activity: In-Home Treatment Program - Service hours provided (1)	1,505	1,665	1,665 / 813	368	NA
Activity: Outpatient Treatment Program - Clients served	NA	NA	NA / NA	NA	341
Activity: Outpatient Treatment Program - Service hours provided	NA	NA	NA / NA	NA	15,840
Efficiency:					
Activity: In-Home Treatment Program - Annual cost per client (2)	\$606	\$0	\$1,188 / \$0	\$0	NA
Activity: Outpatient Treatment Program - Annual cost per client	NA	NA	NA / NA	NA	\$1,820

	Prior Year Actuals			Current Estimate	Future Estimate
Indicator	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate/Actual	FY 2003	FY 2004
Outcome:					
Percent of children who remain in-home during treatment	94%	92%	90% / 100%	90%	NA
Percent of clients who meet 75 percent of treatment goals at discharge	NA	NA	NA / NA	NA	80%

^{(1) &}quot;Clients served" and "Service hours provided" refer to clients served in the in-home services program. In FY 2003, this service was terminated due to State budget reductions.

⁽²⁾ Beginning in FY 2001, indicator reflects net cost to the County. As this program was 100 percent funded by non-County funding sources in FY 2001 and FY 2002, the net cost to the County was \$0. It should be noted that the FY 2002 budget included \$425,000 designated to purchase residential treatment services for seriously emotionally disturbed, CSA-qualified children and youth. This amount has not been included in the FY 2002 efficiency indicator calculations.